

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90058 025 ****50.00

DOCUMENT # L98000001393

1. Entity Name

REALLY INNOVATIONS, L.L.C.

Principal Place of Business

605 TOWNSEND RD
 COCOA FL 32926

Mailing Address

605 TOWNSEND RD
 COCOA FL 32926

2. Principal Place of Business

605 TOWNSEND Rd.

Suite, Apt. #, etc.

3. Mailing Address

605 TOWNSEND Rd.

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32926

Country

USA

City & State

Cocoa, FL

Zip

32926

Country

USA

4. FEI Number

59-3530085

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

NOLEN, REALLY P
605 TOWNSEND RD
COCOA FL 32926

7. Name and Address of New Registered Agent

Name

Nolen, Really P

Street Address (P.O. Box Number is Not Acceptable)

City

Cocoa

FL

Zip Code

32926

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **NOLEN, REALLY P**
 STREET ADDRESS **605 TOWNSEND RD**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **Owner** ☐ Delete
 NAME **PAMELA GREENE**
 STREET ADDRESS **605 TOWNSEND RD**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

1-28-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)